

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

4745 FET/MDR

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|-----------------|--------------|
| TOTAL CLAIMS | 18 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 18 minus 20 = * | * |
| INDEPENDENT CLAIMS | 3 minus 3 = * | * |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL | | OR | TOTAL | 710 |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | | (Column 2) | | (Column 3) |
|---|----------------------------------|---|----------------------------------|-----|------------------------------------|
| AMENDMENT A | | | | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| | CLAIMS REMAINING AFTER AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL | | OR | TOTAL | |
| ADDIT. FEE | | OR | ADDIT. FEE | |

| | (Column 1) | | (Column 2) | | (Column 3) |
|---|----------------------------------|---|----------------------------------|-----|------------------------------------|
| AMENDMENT B | | | | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| | CLAIMS REMAINING AFTER AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL | | OR | TOTAL | |
| ADDIT. FEE | | OR | ADDIT. FEE | |

| | (Column 1) | | (Column 2) | | (Column 3) |
|---|----------------------------------|---|----------------------------------|-----|------------------------------------|
| AMENDMENT C | | | | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| | CLAIMS REMAINING AFTER AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | PRESENT EXTRA |
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL | | OR | TOTAL | |
| ADDIT. FEE | | OR | ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.